## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <u>A device for anastomosis.</u>

ne specii	fication of which: (chec	k one)			
		REGULAR OR DESIGN	APPLICATION		
	is attached hereto.				
	was filed on	as application	on Serial No		
		(if a			
	PCT	FILED APPLICATION ENTE	RING NATIONAL STAGE		
$\boxtimes$	was described and claimed in International application No. <u>PCT/IT03/00741</u> filed on <u>November 14, 2003</u> and as amended on(if any).				
hereby laims, as	state that I have review s amended by any ame	ved and understand the contendent referred to above.	ents of the above-identified spe	ecification, including the	
acknowl Regulatio	edge the duty to disclosons, §1.56.	e information which is materia	l to patentability as defined in T	itle 37, Code of Federal	
ate listed	d below and have also i	dentified below any foreign ap ation on which priority is claime PRIOR FOREIGN APP		s certificate having a fil-	
Country		Application Number	Date of Filing (day, month, year)	Priority Claimed	
	ITALY	MO2002A000337	14.11.2002	Yes	
	•				
hereby o ion(s) list	claim the benefit under lated below:	Fitle 35, United States Code §1	19(e) of any United States prov	visional patent applica-	
pplicatio	n No.	Filing Date	Status (patented, p	ending abandoned)	
Complete	e this part only if this is	a continuing application.)			
ect matte rovided atentabil	er of each of the claims of by the first paragraph of lity as defined in Title 3	of this application is not disclos of 35 USC 112, I acknowledge	ates application(s) listed below a sed in the prior United States a the duty to disclose informati §1.56 which became available ag date of this application:	oplication in the manner on which is material to	
pplicatio	on No.	Filing Date	Status (patented, p	ending abandoned)	

## **POWER OF ATTORNEY**

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from <u>BUGNION S.P.A.</u> as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, Liam MCDOWELL, Reg. No. 44,231, and Philip A. DUBOIS, Reg. No. 50,696,

c/o YOUNG & THOMPSON Second Floor 745 South 23<sup>rd</sup> Street Arlington, Virginia 22202

Customer Number 00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	/o ,		
Full name of sole or first inve	entor: Gioacchino COPPI	1	
Inventor's signature:		Date:	23 June 2004
Residence: Modena, ITA	LY ITA	Citizenship:	Italian
Post Office Address: Via	Alzaia, 40/2		
I-41 <sup>-</sup>	100 Modena		
ITAL	_Y		
Full name of second joint in	ventor, if any:		
Inventor's signature:	· · · · · · · · · · · · · · · · · · ·	Date:	
Residence:	<del></del>	<b>—</b> • • • • • • • • • • • • • • • • • • •	
Post Office Address:			
Full name of third joint inven	ntor, if any:		
Inventor's signature:		Date:	
Post Office Address:			
Full name of fourth joint inve	entor, if any:		
Inventor's signature:		Dete	
Residence:	·	o	
Post Office Address:			·